

Rhode Island Commission on the Deaf and Hard of Hearing

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December 3, 2013

Ms. Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, D.C. 20554

Notice of Ex Parte Presentation

Closed Captioning of Video Programming; Telecommunications for the Deaf, Inc. Petition for Rulemaking, CG Docket No. 05-231

On September 13, 2012, Gregory Hlibok, Chief of Disability's Rights Office, gave the presentation on 21st Century CVAA before the members of Rhode Island Broadcaster Association at the Rhode Island PBS station in Cranston, RI and again on November 22nd, 2013, I followed up with Gregory Hlibok about the top 25 markets.

The question from the NPRM 05-231, is "Should the ban on counting electronic newsroom technique captioning to meet captioning requirements be extended beyond the top 25 markets?"

The answer is an emphatic yes. More than 170,000 citizens* with various degrees of hearing loss have experienced serious setbacks with the quality of captioning provided by a TV News station in the fall of 2011, as the result of recognizing FCC's regulation, C.F.R. 79.1 (e)(3), the top 25 market policy. Providence is 53rd on the list of Nielsen's Local Television Market Universe Estimate for 2013-2014 Market Ranks.

In 1996, a TV station in Rhode Island provided real-time captioning for most of their TV news daily including mornings, noon, evenings, and 11pm news, way ahead of FCC's ruling effective on January 1, 2000. This ruling did not apply to this TV station because Providence was not even on the top 25 TV market list. This station received monetary sponsorship from a company to cover the cost of real-time captioning for more than a decade. They had bragging rights because they received 4 statewide awards for their commitment in providing real-time captioning for the deaf and hard of hearing community in the Providence-New Bedford area. The first two were in 1997 and again in 1999 given by the Rhode Island Association of the Deaf (John Spellman Award). PARI's Community Award was given to them in 2003. PARI's is one of the large independent living centers in Rhode Island. The Assistive Technology Access



^{* 16.2%} formula calculated by the North Carolina Division of Services for the Deaf and Hard of Hearing, http://www.ncdhhs.gov/dsdhh/facts/hearingloss.htm

Partnership Award was given in 2003. ATAP is a collaboration of RI Office of Rehabilitation Services, TechACCESS of Rhode Island, East Bay Educational Collaborative, Ocean State Center for Independent Living, PARI's, Adaptive Telephone Equipment Loan, and Rhode Island Council on Assistive Technology. The last award, the RICDHH Recognition Award, was given by the Rhode Island Commission on the Deaf and Hard of Hearing in 2004. All were in recognition of their commitment to real-time captioning services on their TV news.

In Fall 2011, the leadership at the TV station changed so their priorities. The new leadership is very familiar with the top 25 TV market regulation set by the FCC but they chose to switch from real-time captioning service to "Electronic Newsroom Technique" captioning service without an announcement or a warning of change because they believe this would not change the quality of captioning and they chose to use monetary sponsorship for something else, not toward real-time captioning service.

On the 1st and next few days, we noticed right away that there was a problem. We thought it was just a temporary bug. But after we realized that it was not a temporary bug, representatives from the Rhode Island Association of the Deaf, the Hearing Loss Association of Rhode Island, and the general community contacted them and our RICDHH office complaining about the quality of captioning being downgraded. The RICDHH offered to work with the TV station to resolve captioning problems through diplomacy. The captioning committee was formed and the committee met with the TV station a number of times but the station did not switch back from ENT captioning to real-time captioning. The committee decided to conduct the survey both through online with ASL and papers to find out how the community felt about the quality of captioning. They found that 93% of all responses (n=93) collected said they preferred real-time captioning over ENT captioning.

This is not a question of accuracy, placement, timeliness, completeness of captioning. Real-time captioning service has been in the business for more than a decade now.

Real-time service is available, both on site and remotely. The National Court Reporters Association has a number of programs and certifications that promote the growth of professional captioners as well as a certificate is available for IT Administrator as to how to make the real-time captioning work. Today, we have growing number of TV shows and news using real-time captioning services.

"Electronic Newsroom Technique" is probably cost effective to a TV station in the eyes of TV station management. However, it does not deliver a satisfactory quality of captioning to the deaf and hard of hearing population as it often caused a significant loss of news coverage. ENT has not been consistent with the speed of captioning it is sometimes too fast, too slow, pauses for a few seconds or minutes, or skips some lines without an oversight mechanism in place. Because of this quality problem, equal access for the deaf and hard of hearing population remains compromised, unfulfilled and utterly lacking.

It would not make sense to invest in a product WITHOUT receiving input from the deaf and hard of hearing community that will use this product for their news coverage. If they received input from the community or the control group first, they would probably not invest in ENT.

It is our right to gain seamless access to quality information and nothing less.

Statistically, the figure, 16.2%, is used by the North Carolina Division of Services for the Deaf and Hard of Hearing to determine the estimate of the deaf and hard of hearing population in North Carolina. (http://www.ncdhhs.gov/dsdhh/facts/hearingloss.htm). It also calculates that in 2040, 41% of North Carolina adults will experience a degree of hearing loss. Let's look at the simple math.

Rhode Island has the total TV homes of 606,000 according to Nielsen's Local DMA List in 2013. 98,172 TV homes have residents who have some degree of hearing loss (16.2%). This same group of people is already affected by loss of news coverage using ENT. I am talking more than 98,000 TV homes. That is a lot.

To answer this question, "Should the ban on counting electronic newsroom technique captioning to meet captioning requirements be extended beyond the top 25 markets?". The answer is yes.

Here is my proposal:

In 2000 – Top 25 Local DMA Names – Required Real-Time Captioning.

(Span of 16 years is pretty too long.)

In 2016 – 500,000+ TV Homes – Local DMA Names – Required Real-Time Captioning.

In 2019 – 350,000+ TV Homes – Local DMA Names – Required Real-Time Captioning.

In 2022 – all TV Homes – Local DMA Names – Required Real-Time Captioning.

The FCC should also adopt rules prohibiting news stations from downgrading their quality of captioning from real-time captioning to "Electronic Newsroom Technique" captioning. To revoke access through the downgrading of captioning is detrimental and harmful to viewers and should not be tolerated.

Once again, the leadership at a TV station in Rhode Island, that has experienced providing real-time captioning for more than a decade, made a decision solely based on your FCC's top 25 Local DMAs. We want quality captioning back. If they could do it then, they can do it now as well as in the future. Please tear the Top 25 DMA down.

Sincerely,

Steven A. Florio
Executive Director